VISION PLAN ENROLLMENT AUTHORIZATION

STD. 700 (REV. 6-2000c)



PLEASE TYPE OR USE BALLPOINT PEN, PRINT CLEARLY--SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE SEE PRIVACY NOTICE ON REVERSE OF EMPLOYEE COPY

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VISION PLAN ENROLLMENT AUTHORIZATION

STD. 700 (REV. 6-2000c) (REVERSE)

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the vision insurance company for the purposes of identification and insurance coverage processing.

It is **mandatory** to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis and are used by the vision insurance company for statistical and actuarial purposes. Failure to provide the **mandatory** information may result in the vision insurance enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the vision insurance company providing coverage for the employee. Copies of the Vision Plan Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Vision Plan Enrollment Authorizations upon request. Send requests to: State Controller's Office, Personnel/Payroll Operations Bureau, P.O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.